



Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid in favour of the vulnerable population groups of Cambodia

Location of operation: CAMBODIA

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/KHM/BUD/2005/01000

Explanatory Memorandum

1 - Rationale, needs and target population:

Cambodia's population is estimated at 14.8 million. The country occupies an area of 181,035 square kilometres. 82% of the population live in rural areas and 41.9% are under the age of 15¹.

Overall, there is a gradual upward trend in the economy, which is, however, hampered by setbacks: in 2003 growth slowed because of a reduction in tourism, the second most important sector of the Cambodian economy, due to the outbreak of Severe Acute Respiratory Syndrome (SARS) in the region; and this year lower growth is expected because of a declining growth in the country's most important industry, the garment sector. It is evident that Cambodia is still recovering from three decades of warfare, which have devastated the country economically and socially. There are insufficient resources to invest in health and education or basic infrastructure. Poverty reduction efforts tend to be concentrated in Phnom Penh and provincial towns despite the fact that 90% of the poor live in rural areas. GDP per capita expressed in terms of purchasing power parity amounted to USD 2,000 in 2004², i.e. Cambodia ranked 175th out of 232 countries. 36% of the population live below the national poverty line, 78% live on below USD 2 per day. 38% of the total population are undernourished³. As a result of these factors, coupled with a series of other key indicators, Cambodia still ranks very low in terms of the UNDP's Human Development Index, i.e. 130th out of 175 countries. In the same vein, Cambodia figures 35th out of 139 countries in ECHO's Global Needs Assessment 2006. Hence, while the country basically faces severe

¹ UNDP Human Development Report 2003

² The CIA World Fact Book 2005

³ UNDP Human Development Report 2003

structural problems, pockets of extreme vulnerability clearly continue to exist, which require a humanitarian intervention.

According to WHO, Cambodia is facing a child survival crisis⁴, and UNICEF has declared the “primacy of child survival” its top strategic priority for the country⁵. Three recent national health surveys (National Health Survey 1998, Cambodia Demographic and Health Survey 2000 and Re-enumeration Survey 2003) have shown consistently high levels of infant and under-five mortality rates. In fact, over the past ten years, both infant and child mortality rates have increased, making Cambodia the only country in the region with a negative trend. WHO estimates an under-five mortality rate of 140 per 1,000 live births in 2003, as compared to 115 in 1990. This represents the highest figure in South-East Asia. UNICEF attributes the absence of a reduction in infant and child mortality rates (despite a notable decrease in the incidence of measles and neonatal tetanus) mainly to the prevalence of other major childhood diseases such as diarrhoea and respiratory infections.⁶ The Global Child Survival Partnership Group has defined Cambodia as one of the 42 countries in the world where 90% of child deaths take place. Only 38% of women receive antenatal care and the maternal mortality ratio is 450. Alarmingly, only 17% of the population have access to adequate sanitation facilities and only 30% to an improved water source⁷.

Although poverty and lack of development in Cambodia are directly linked with the past civil strife, most returnees and conflict-affected populations are already settled and suffer from the same deficiencies as other vulnerable groups. For some time already, ECHO has engaged in a dialogue with other EC instruments and donors to identify opportunities for LRRD. ECHO’s strategy in the framework of this Decision is to cater for the humanitarian needs of forgotten vulnerable groups under the overall leitmotif of child survival, while targeting both post-conflict regions and areas with concentrations of forgotten ethnic minorities, which currently attract little attention from government institutions or development programmes. As this Decision is intended to complete ECHO’s phasing-out from the country, it is intended to consolidate and build upon what has been achieved with ECHO support to date.

1.2. - Identified needs:

Cambodia remains one of the poorest countries in the world. According to the Human Development Report 2003, 34.1% of the population live on less than USD 1 per day. However, poverty in Cambodia is not exclusively linked to low income. Poor access to basic social services implies for example that an average of 10% of family income is spent on health care.

Access to safe water and sanitation as well as basic health care remain among the most urgent needs of the Cambodian population. Lack of both, as already indicated, results in extremely high rates of infant and child mortality.

According to WHO, the under-five mortality rate is 153 per 1000 live births for male and 127 for female children. The infant mortality rate is 96 per 1000 live births. In Mondulkiri and Ratanakiri, provinces with a high percentage of ethnic minorities, the under-five mortality rate increases to 229.3 per 1,000 live births.⁸

⁴ WHO’s funding project proposal submitted to ECHO in July 2004.

⁵ Draft Country Programme Document, E/ICEF/2005/PL/.7 of 5 April 2005, presented to the annual session of the UNICEF Executive Board

⁶ Draft Country Programme Document, E/ICEF/2005/PL/.7 of 5 April 2005

⁷ UNDP Human Development Report 2003

⁸ Cambodia Demographic and Health Survey, 2000.

WHO estimates that every year over 60,000 children die in Cambodia, mostly from preventable causes such as diarrhoea and acute respiratory infections. In addition, some 45% of Cambodian children under five are malnourished⁹, which makes them more likely to suffer and/or die from disease. Lack of access to safe water and adequate sanitation is one of the main causes of diarrhoea and malnutrition. Ingestion of contaminated water, inadequate availability of water for hygiene and lack of access to sanitation contribute to about 1.5 million child deaths and 88% of deaths from diarrhoea worldwide.

It is noteworthy that over the past few years progress has been made in Cambodia on access to safe drinking water. While according to 1998 official figures 71% of the population did not have adequate access, this figure has dropped to 56% according to the 2004 Cambodian Inter-Census Population Survey. However, there is a clear difference between rural and urban areas. While according to the abovementioned survey some 72% of urban households had access to safe water sources, it was only 39% of households in rural areas.

Access to adequate sanitation also remains rather low, though the situation, too, has improved over recent years in this respect. In 1999 14.5% of all households had access to sanitation facilities, while it was 21.9% in 2004.¹⁰ Once again, a substantial discrepancy between urban and rural areas is noted: 83.6% of rural households do not have sanitation facilities as compared to 44.6% of urban households. A further aggravating factor in terms of public health risks is that rural families often pay little attention to hygiene and sanitation, mostly as a result of poverty.

Recognising the importance of access to safe drinking water and sanitation as a means of reducing diarrhoeal diseases, one of the main causes of child mortality, the Cambodian government has defined halving the proportion of people without sustainable access to safe drinking water and improved sanitation as a Cambodia-specific Millennium Development Goal. Nonetheless, there are some provinces that still lack adequate attention and support from authorities and development donors. These provinces are those with a high percentage of ethnic minority groups and territories which remained under Khmer Rouge control until relatively recently.

The rural populations in many regions have to face another substantial difficulty: the danger stemming from landmines. Cambodia is one of the countries with the highest number of landmines and UXOs. 24 provinces in the country are affected, with the total contaminated area believed to cover approximately 2.5% of the country's territory. In 2002, 98% of mine casualties were civilians. Access for civilians living in rural areas to essential resources and facilities such as water, roads, bridges and farmland is, hence, limited and dangerous.

1.3. - Target population and regions concerned:

Target populations are vulnerable groups, especially children, in the following provinces: Mondulkiri, Pailin, Ratanakiri, Kampong Thom, Kampong Speu, Prey Veng, Stung Treng.

The criteria for the selection of these areas are high rates of infant and child mortality, with low access to safe water and sanitation facilities and with little or no presence of development programmes. Stung Treng, Ratanakiri and Mondulkiri have a large number of ethnic minorities, neglected by government programmes. Pailin was under Khmer Rouge control until 1999.

⁹ Human Development Report 2003

¹⁰ Cambodian Inter-census Population Survey 2004

Water and sanitation: 100,000 people will have improved access to safe water and sanitation. Where de-mining is a pre-condition for the implementation of water and sanitation activities, the local population will also benefit from de-mining and mine awareness raising.

Health: 393,000 children and women will benefit from health (including nutritional) interventions.

1.4. - Risk assessment and possible constraints:

There are no specific security threats in Cambodia.

The adequate implementation of projects might be constrained by extreme weather conditions. Most of the selected locations for ECHO-funded interventions in Cambodia are in remote areas and difficult to access. They might be isolated during the rainy season. This possibility should in principle be incorporated into the planning for the respective operations; however in case of exceptionally heavy rainfalls the time schedule for the implementation of the projects - especially in the water and sanitation sector - could be altered.

The de-mining of selected areas is a pre-condition for the implementation of some activities in the water and sanitation sector, requiring a close cooperation between water and sanitation and mine action partners.

It is assumed that partners will be able to receive sufficient collaboration from beneficiaries and authorities. The multiplicity of different languages and the diverse cultures of ethnic minorities may be a challenge for projects in the provinces of Ratanakiri, Mondulakiri and Stung Treng.

2- Objectives and components of the humanitarian intervention proposed¹¹:

2.1. – Objectives:

Principal objective:

To improve the health situation of vulnerable population groups in Cambodia, with particular emphasis on reducing child mortality

Specific objectives:

- To increase access to safe water and adequate hygiene conditions of the target groups, including humanitarian mine actions where necessary
- To contribute to a reduction in infant and child mortality rates in the target areas

¹¹ Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at http://europa.eu.int/comm/echo/partners/index_en.htm

2.2. - Components:

Water and sanitation:

- Construction or rehabilitation of wells or ponds for community or school use, in line with SPHERE standards (at least one water point per 25 families)
- Distribution of rain catchment systems, water storage jars and filters
- Testing of water quality
- Construction of sanitation facilities in schools and households
- Training in water use and hygiene education
- Landmine and UXO removal and mine awareness raising

Furthermore, in target areas prone to floods or drought it is intended to integrate disaster preparedness measures to the greatest extent possible.

The expected results include the following:

- The target population has access to safe water and sanitation
- The beneficiary population is aware of appropriate hygiene practices
- The population in the target area has better access to safe water source because the risk of landmine/UXO accidents is substantially reduced by mine action and by raising awareness as to mine risks

Health:

- Immunization of infants and children against vaccine preventable diseases
- Supplementation with Vitamin A capsules and mebendazole (de-worming) tablets
- Immunization of pregnant women against tetanus
- Distribution of iron foliate tablets to pregnant and post-partum women
- Promotion of breastfeeding
- Training of health care providers and community promoters

The expected results include the following:

- Children in the target areas enjoy improved health and nutritional status
- The health of pregnant and breastfeeding women in the target provinces is strengthened
- Health care providers' technical skills are enhanced

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision will be 18 months. Humanitarian operations funded by this Decision must be implemented within this period. Humanitarian operations will have a duration of approximately 12 months, most of them starting between 1 November 2005 and 1 January 2006. However, some

preparedness projects including support to the preparedness and response to Severe Acute Respiratory Syndrome (SARS).

5 - Other donors and donor co-ordination mechanisms

Donors in CAMBODIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		ECHO	4,366,667		
Belgium		Other services			
Cyprus		(see below)			
Czech Republic					
Denmark					
Estonia					
Finland	1,020,000				
France					
Germany	21,800				
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Slovakia					
Slovenia					
Spain					
Sweden					
United Kingdom					
Subtotal	1,041,800	Subtotal	4,366,667	Subtotal	0
		Grand total	5,408,467		

Dated : 29/08/2005

(*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>

Empty cells means either no information is available or no contribution.

The EC National Indicative Programme 2005-2006 was signed in June 2005. The priority areas include “pro-poor” development (addressing rural development), social sector support (sector-wide approach in education) and good governance.

A dialogue is ongoing between ECHO and other EC instruments to ensure LRRD, specifically as regards actions related to food security.

Japan is by far the largest donor to Cambodia, followed by the EC, World Bank, ADB and UN agencies. Important medium size donors include Australia and the US.

6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 2,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: *To improve the health situation of vulnerable population groups in Cambodia, with particular emphasis on reducing child mortality*

Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners ¹²
Specific objective 1: To increase access to safe water and adequate hygiene conditions of the target groups, including humanitarian mine actions where necessary	1,600,000	Kampong Thom, Kampong Speu, Stung Treng, Ratanakiri, Mondulakiri, Pailin	<ul style="list-style-type: none"> - Construction or rehabilitation of wells or ponds for community or school use - Distribution of rain catchment systems, water storage jars and filters - Testing of water quality - Construction of sanitation facilities in schools and households - Training in water use and hygiene education - Landmine and UXO removal and mine awareness raising 	<ul style="list-style-type: none"> - Action Against Hunger-UK - CARE Deutschland - German Agro Action - Health Unlimited-UK - MAG-UK - UN-UNICEF

¹² Action against Hunger-UK, Care Deutschland, German Agro Action, Health Unlimited-UK, MAG-UK, UNICEF

<p>Specific objective 2: To contribute to a reduction in infant and child mortality rates in the target areas</p>	<p>400,000</p>	<p>Kampong Thom, Kampong Speu, Prey Veng, Stung Treng</p>	<ul style="list-style-type: none"> - Immunization of infants and children against vaccine preventable diseases - Supplementation with Vitamin A capsules and mebendazole (de-worming) tablets - Immunization of pregnant women against tetanus - Distribution of iron foliate tablets to pregnant and post-partum women - Promotion of breastfeeding - Training of health care providers and community promoters 	
<p>TOTAL:</p>	<p>2,000,000</p>			

7 - Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations" . These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://europa.eu.int/comm/echo/evaluation/index_en.htm.

8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2005	476,000,500
Supplementary budgets	
Reinforcement from Emergency aid reserve	100,000,000
Transfers Commission	- 3,500,000
Total available appropriations	573,000,000
Total executed to date (as at 29/08/2005)	474,837,870
Available remaining	98,162,130
Total amount of the Decision	2,000,000

Payment Schedule			
Years	2005	2006	2007
EUR	1,000,000	600,000	400,000

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Union in
CAMBODIA

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid¹³, and in particular Article 14 thereof,

Whereas:

- (1) In Cambodia large parts of the population remain without access to safe water, in particular in remote post-conflict regions and provinces with a high percentage of ethnic minorities;
- (2) Infant and child mortality rates are the highest in the region and WHO has qualified the situation as a “child survival crisis”;
- (3) Still recovering from decades of civil conflict, Cambodian authorities do not yet have sufficient capacity to invest in the required basic social infrastructure;
- (4) External aid and development programmes are still rare in remote areas of the country;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months;
- (6) It is estimated that an amount of EUR 2,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to some 500,000 people, taking into account the available budget, other donors’ interventions and other factors.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 2,000,000 for humanitarian aid operations in favour of the vulnerable population of Cambodia by using line 23 02 01 of the 2005 general budget of the European Union.
2. In accordance with Article 2 (b) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

To increase access to safe water and adequate hygiene conditions of the target groups, including humanitarian mine actions where necessary;

To contribute to a reduction in infant and child mortality rates in the target areas.

The amounts allocated to each of these specific objectives are listed in the annex to this Decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision.

Article 3

1. The duration for the implementation of this Decision shall be for a maximum period of 18 months, starting on 01 November 2005.
2. Expenditure under this Decision shall be eligible from 01 November 2005.
3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To improve the health situation of vulnerable population groups in Cambodia, with particular emphasis on reducing child mortality	
Specific objectives	Amount per specific objective (EUR)
To increase access to safe water and adequate hygiene conditions of the target groups, including humanitarian mine actions where necessary	1,600,000
To contribute to a reduction in infant and child mortality rates in the target areas	400,000
TOTAL	2,000,000